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Officer involved shooting: The emotional impact and the effective coping strategies

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OFFICER INVOLVED SHOOTING:
THE EMOTIONAL IMPACT AND THE EFFECTIVE COPING STRATEGIES.

By

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Abstract

The emotional impact of a shooting incident on the individual police officer has been recognized and detailed by both police and mental health professionals (Lippert & Ferrara, 1984). The human cost and financial costs to Police Departments as a result of "post-shooting" trauma has sensitized many departments to the need for professional support for officers involved in shootings. Recent survey research has provided information about the percentage of officers who experienced great, moderate, or no emotional impact after being involved in shootings (Stratton, 1982). However, information about the degree to which police departments have responded to this need has been lacking.

The stress from the post shooting trauma is sometimes overwhelming as the officer feels betrayed by the department he/she serves. In addition, he/she faces administrative and legal proceedings which can well result in his being disciplined, terminated, sued, or even criminally charged.
as well as field experience. I will examine what police officers do, the nature of their profession, the perceptions of police officers and some of the psychological stress they have to endure when they are involved in deadly force situations. I will also examine the psychological evaluation steps officers go through with the Las Vegas Metropolitan Police Department after they are involved in a shooting situation. Much of the focus on recovering from the severe impact of a shooting incident has been directed at post-trauma interventions and support processes. This is a cathartic mechanism that also attempts to rebuild coping strategies in order to functionally work through the impact of the trauma. The recovery of an individual following trauma is dependent upon several variables, including the amount and quality of resources available to them in their support system. What can concerned law enforcement administrators do to minimize the critical incident syndrome?

Critical incidents typically are sudden, powerful events that fall outside the range of ordinary human experiences. Because they happen so abruptly, they can have a strong emotional impact, even for an experienced, well trained officer. In law enforcement, any situation in which an officer’s expectations of personal infallibility suddenly become tempered by imperfection and crude reality can be a critical incident. Such events include a line of duty death or serious injury of a coworker, a police
suicide, an officer involved shooting in a combat situation, a life threatening assault on an officer, a death or serious injury caused by an officer, an incident involving multiple deaths, a traumatic death of a child, a barricaded suspect/hostage situation or a critical incident highly profiled or criticized by the media. Experience has shown that no two people have the same reaction to a critical incident. Some individuals will have no reaction, while others will suffer a number of after-effects. Critical incidents leave a profound effect not only on the involved officers but also on their family members. Side effects of traumatic events might surface at home in the form of anger, depression, frustration, grief, insecurity, confusion, and disillusionment. Spouses might adopt the roles of either supporter or victim. Frequently, they find themselves alternating between those roles, at times being able to support and nurture the officer, while at other moments feeling terribly vulnerable, alone, and in need of support themselves. Survivors of such occurrences indicate feeling helpless and out of control. The same elements that generate these reactions after the fact can prepare the individual to handle involvement in upcoming critical incidents. This discussion will focus on the management's responsibility to provide training, written policies and support processes to minimize the suffering of personnel from post traumatic syndrome.
As authority figures and law enforcers, cops are supposed to be tough, brave, and heroic; quite a reputation to live up to. Officers certainly can be all of these things, but they are also human beings who must react to extraordinarily stressful and traumatic events. Even the most extensive job training cannot prepare an officer for the sight of a suspect pointing his gun. These events are clearly outside the realm of normal human experience, and would traumatize anyone, regardless of occupation or tolerance for stress. Every officer secretly hopes he or she will not have to use the weapons, techniques, and training studied at the academy.

Attention should be placed on officer involved shooting incidents, particularly in the context of assistance given to the officers involved. Many policies, however, did not concentrate on the officers’s welfare; instead, they emphasized police operations, such as having supervisors at the scene, securing the weapon used, investigating the incident as soon as possible and meeting with the officers. Issues related to the officer’s well being and mental health, such as contacting and providing counseling to the family members, showing concern for the officers and monitoring the officer for stress, received less priority or were not included at all in many of the policies and procedures.

Police officers and their family members are invisible victims. The impact of taking a person’s life can and does have a devastating impact on
the officer and family members. Myths exist which hinder police officers and their family members from receiving needed attention and services. Few people are aware or have come to accept the fact that the officer and his/her family continue to be severely traumatized, either directly or indirectly from the post shooting trauma. These traumatic life and death events and their psychological impact on the family members (parents, siblings, spouses, and children) have been woefully neglected by police administrators. The police administrator’s primary function is to heal the departmental wounds, subsequently disregarding the officers’ and the families’ pain.

Officers often attempt to stifle such reactions instead of talking them through with colleagues, spouses, or mental health professionals. Post Traumatic Stress Disorder (PTSD) is a psychological condition that can result from unsuccessful attempts to manage the extreme emotions triggered by severe trauma. PTSD is brought on by a psychologically distressing event outside the range of usual human experience, which involves feelings of intense fear, terror, or helplessness. Research also has shown that critical incident stress affects up to 87 percent of all emergency service workers at least once in their careers (Stratton, 1983).

The DSM III (Diagnostic Statistical Manual, which identify various disorders, 1980) identifies the above reactions as Post-Traumatic Stress
Disorders. The essential features of the stressors capable of creating this syndrome is that such an event would produce significant symptoms in most people and that the event is one which is outside the common life experiences of most people (Williams, 1980).

The following data should put the deadly force issue in perspective. This may include but limited to: (Fyfe, 1980; Geller, 1982; Milton et. Al, 1982)

- There are about 450,000 police officers and 21,000 departments in the United States.

- 49% require officers to carry a weapon off-duty and 51% are required to be armed at all times. Ten percent of officers who are killed each year are off-duty at the time (25% in New York City) while between 12% and 17% of citizens who are killed each year are the targets of off-duty police.

- 29% of all shootings by police officers proved fatal to the target. Nearly all victims were male.

- 35% of the victims were age 19-24.

- Of the offenders killed, 57% were armed (54% had guns).

- The denser the population, the higher the rates of shootings.

- From 1970-1975 between 100 and 134 officers were killed
each year, while law enforcement officials kill between 300-412 civilians. This means that each year, police kill approximately 1 in 685,000 civilians while civilians kill 1 in 3,800 officers.

- The higher the owned-gun density or population, the higher the death rate of police and civilians.
- The stronger the disciplinary formalism in the department the lower the kill rate.

In addition to these general considerations, if the officers are in a life threatening situation they not only must deal with surviving and maintaining their basic integrity, but they have to be concerned with the department’s reaction, the community’s reaction, and the media’s reaction. The appraisal, particularly in officer-involved shootings where it is very common that this question heard, is: “Am I going to be fired or going to prison?” This can cause tremendous stress on the officer.

In recent years the concepts of stress and stress related disorders have gained a good deal of attention within the law enforcement community. Stress has now become an everyday word in the vocabulary of most officers. This focusing of attention has, at times, given rise to the mistaken belief that psychological problems experienced by officers are always the result of severe or chronic stress. Such an over-simplification is
ill-founded. However, officers are more likely to experience certain traumatic incidents in higher proportions than civilian populations. This frequently leads to the debilitating symptoms associated with gross stress reactions.

Over the past 20 years, there has been an increasing amount of research examining the impact of stress and trauma on law enforcement personnel. Police administrators and psychologists alike have come to acknowledge the importance of early intervention as a way to reduce the negative responses and symptoms that may accompany exposure to critical incidents such as officer involved shootings and other life threatening confrontations (Lipert & Ferrara, 1984).

To improve mental health in the law enforcement field, top level administrators must commit to, and fully support, the establishment of comprehensive critical incident debriefing programs. Unfortunately, the law enforcement population rarely seeks therapy even when it is available to them. Again, this is a reflection of the “tough cop” stereotype. Asking for help could be perceived as being weak or worse yet, instability in a profession where individuals rely on the mental sharpness of colleagues in life threatening situations.

Most officers manifest a degree of guilt or anger after a shooting confrontation no matter how justified they are found to be. The Las Vegas
Officer Involved Shooting

Metropolitan Police Department needs to develop procedures to assist officers after shooting incidents, acknowledge that post-shooting trauma occurs and that involved officers must be assisted.

When officers suffer from critical incident stress, their job performance may deteriorate to the point where disciplinary action is necessary. Metro is mandating formal debriefings for all involved officers after a major shooting event. A formal debriefing is conducted by a mental health professional and veteran peers (PEAP-Police Employment Assistance Program) who are thoroughly trained in Critical Incident Stress. The debriefing is to allow involved officers to share their experiences and feelings, and then to teach them that these are normal.

It is time that the law enforcement community begin to examine the potential of Critical Incident Stress and assist personnel suffering from it. To do less will be a crime of omission against fellow officers and the profession.

Chapter 2 will review studies done outside Metro and throughout the nation. What has been done by other police agencies? How the efforts affect the officers well-being? Chapter 3 will examine the question, what is the role of police officers? What must they endure after an critical incident? What strategies will assist officers on their career path? What is being offered to the officers to deal with the emotional trauma?
Chapter 2
Literature Review

Working as a law enforcement professional presupposes exposure to traumatic incidents. Trauma comes in various forms, a brush with death, shooting incidents, escaped by luck. Often these do not leave physical scars but can leave long lasting emotional problems (Janis, 1971, Solomon & Horn, 1984). Much of the focus on recovering from such incidents has been directed at post trauma interventions and support processes. Survivors of such occurrences indicate feeling helpless and out of control. The process hopes to rebuild emotions which were affected by the impact of the shooting trauma. The same elements that generate these reactions after the fact can prepare the individual to handle involvement in upcoming critical incidents. A critical incident is any situation that causes the officers to experience unusually strong emotional reactions that have a potential to interfere with his or her ability to function either at the scene or later.

“Though policing offers many socially redeeming rewards, it is one of the most stress filled jobs in the occupational picture today” (Dash and Reiser 1978).

“Police work is a high stress occupation. It affects, shapes, and at times, scars the individuals and families involved.” (Axelbred and Valle’s 1978), statement “police work has been identified as the most psychologically dangerous job in the world” (Eisenberg 1975).

When officers are forced to employ deadly force, no matter how justified
they are found to be, most officers manifest a degree of guilt or anger after a fatal confrontation. Police psychologists have labeled the emotional problems that frequently occur "post-shooting trauma". A growing number of agencies are implementing measures to assist those officers who suffer from its effects. Some police agencies are managed by people who refuse to acknowledge that their personnel are vulnerable human beings, susceptible to emotional reactions. Agencies that develop procedures to assist officers after fatal shootings acknowledge that post-shooting trauma occurs and that involved officers must be assisted. Suffering officers, who are ignorant of what it actually is may manifest obvious personality changes. Their job performance may deteriorate to the point where disciplinary action is necessary. Both of these behaviors may actually be subconscious cries for help that, if unrecognized, can lead to suspension, dismissal and, in extreme cases, suicide (Pierson 1989).

"Far too many agencies do nothing to assist their personnel following a critical incident. Some adopt the ostrich approach to the situation with the hope that if they keep their collective head buried in the sand long enough, the problem will go away" (Sulzbach 1998). Police administrators must commit to, and fully support, the establishment of counseling programs. Unfortunately, the law enforcement population rarely seeks therapy even when it is available to them. Again, this is a reflection of the "tough cop" stereotype. Asking for help could be perceived as being weak or, worse yet, unstable. By creating the expectation that
counseling is not only acceptable but is required by departmental policy, management can de-stigmatize the act of reaching out for help. A good program should include pre-event education on the normal reactions to critical incidents and how to make appropriate adjustments in lifestyle and workload when they occur. Creating realistic expectations prior to a traumatic event is the best way to minimize the problem.

Providing resources for emotional counseling for the officers and their families, encourage ventilation of feelings about the event, and providing information on coping skills should occur when mild symptoms arise from post-shooting trauma. In the study conducted by the Federal Bureau of Investigation (FBI), it was found that every agent involved in a shooting incident was substantially helped by talking and listening to other agents who have had similar experiences (Phillips and Schwartz, 1995).

Clearly, administrators can no longer afford to ignore the issue of traumatic stress caused by involvement in a shooting incident. Such stress impairs officers’ ability to perform their duties and has an impact on the operation of the department. Police agencies can be held liable in court for ignoring lingering stress-related problems or for disciplining workers who exhibit the behavioral effects of trauma from a job related shooting incident. Courts have made significant cash awards to officers whose departments did not provide them with professional assistance. Failure to do so could prove detrimental to the
department, not only operationally but also financially (Kureczka 1996).

Some agencies reported that the reason they do not have a policy is that they have not found the need. Yet, nearly 12 percent of those agencies had experienced officer involved-shootings within the past five years. This suggests that many agencies practice traditional crisis management instead of proactive management. Administrators must recognize that the threat of an officer involved shooting is ever present, and they are vulnerable if they do not have a policy. "A strong affirmative stance by the department will provide additional confidence and needed support to officers in making their decisions regarding the use of force in the field. In the absence of such support, officers may tend to pad reports when they lack confidence in their administration, fail to understand the department’s policy regarding the appropriate use of force or be unable to adequately explain their actions and the reasons for them when called upon to do so in the court of law" (O’Linn 1992).

The impact of taking a person’s life can and does have a devastating impact on the officer and his/her family members. However, only a small percentage of law enforcement agencies require officers and their family members to take part in post-shooting counseling. Law enforcement agencies often disregard or do not consider the emotional well being of their officers when making policy decisions. Rarely are humanistic values or considerations for psychological functioning allowed to enter into decisions which ultimately affect the lives of all officers and

Police department that serve large communities have better developed systems of providing emotional support and counseling for their officers involved in shootings than departments serving smaller communities, and large departments value the services of their support systems more than smaller departments (depending on the financial situation of such department that may or may not be able to finance a support program, a smaller department is usually 50 personnel or less). Several reasons may account for these differences. Not only do large departments have more need for services since they have more shooting incidents per year, but they also recognize that traumatic events can include more than officers directly involved in shootings (Tanay, 1969).

The timing of the intervention after a trauma is important. Most programs responded to traumatic incidents within the first 24 hours. The time frame for responding to a shooting incident by professional support seemed fairly sensitive to the need for timely intervention. However, some professional support systems in large departments seemed to delay their involvement with officers, some up to one week. Though the minority of services, these systems did not seem to be sensitive enough to the importance of immediate intervention in the long term resolution of traumatic events. A correlary of this broader view of trauma is that the cost effectiveness of support services is probably more obvious to large departments. Not only do larger departments tend to have more investment in their personnel,
but when comparing the cost of maintaining a support system with the benefit derived, it seems reasonable to assume that large departments would have greater use for the same services, thus decreasing the per person cost for services (Bandura 1969).

Considering the high costs of professional services and the low incidence of actual shootings in smaller departments, administrators in these departments probably have trouble justifying the expense. However, if it is true that a disproportionate number of officers do resign from smaller departments than from larger departments when a shooting incident does occur, administrators of small departments need to develop some contingency plans which would include professional support to their officers involved in emotional trauma.

A study conducted by Roger M. Solomon, Ph. D. and special agent James M. Horn suggests that more support will decrease post shooting trauma. The observations, which are sensitive to the officer’s needs as a human being, can go a long way toward reducing a stressful aftermath that too often compounds the stress of the incident itself. About two out of three officers involved in a shooting will experience a moderate to severe reaction. However, each individual is unique and will not react in the same way, and not every officer will have a traumatic reaction to a shooting. A survey conducted by Michael J. McMains, Ph.D. has found an interesting result. A questionnaire was sent to the police departments in the 20 largest cities in the United States in November of 1983. The questionnaire asked
about the type of professional support available to officers, about the voluntary or mandatory nature of the program, and about the speed with which officers were contacted by a professional after the shooting. Demographic data was gathered on the size of the city, the size of the police departments, the number of officers on patrol and the average number of shootings involving police officers over the last five years. In addition, each department was asked how long they had provided professional support for officers involved in shootings. A section of the questionnaire asked about the rated effectiveness of each department’s program. To cross check the validity of the ratings, questions were asked about the number of officers who left the department after being involved in a shooting, on the assumption that effective professional support programs should significantly reduce the reported 25% loss of officers due to involvement in shootings.

A high percentage of departments responded to the questionnaire (95% of the larger departments and 85% of the smaller departments). Larger departments assigned a higher percentage of their manpower to patrol (68%) than did smaller departments (45%). They had a larger average number of shootings per year and a larger average use of support services than did smaller departments. Though larger departments had a higher number of officers affected by the shooting, (as in the higher rate of impairment of functioning and as seen in an increase of drinking), the relative percentage of officers leaving larger departments was significantly less than the percentage of officers leaving smaller departments post shooting (2.32%
versus 1.79% respectively). It is important to note that the average number of shootings experienced by smaller departments was extremely small, a fact that may bias the results since the smaller the sample the smaller change it takes to yield significant results. Still, the results suggest that shootings have a disproportionate impact on smaller departments, which may not have the resources to establish a support program to cope with officer's stress as much as a larger department.

The returned surveys indicated that larger departments that have had support programs in place for a period of time, thus allowing those departments more experience with the benefits of the service than smaller departments. Not only does the long-established program have a proven track record, but the very fact that they have been part of the system for a number of years provides for a trust throughout the coping system. Metro PEAP (Police Employee Assistance Program) program has been established since 1986. Data indicated that since 1991, when Metro began keeping formal records of officer involved shootings, no officers have quit the department after a shooting incident.

It does not matter whether the post-shooting program is voluntary or mandatory, the number of officers leaving larger departments was uniformly low, suggesting that having a well thought of professional support service was more important than whether the officer was required to be counseled after a shooting.

Employees are a department's most valuable asset. The department that
sets forth an officer-involved shooting guideline and follows it can actually prevent stress related problems and reduce turnover. In the past, officers involved in on duty shootings were often subjected to harsh administrative, investigative, legal aftermath that compounded the stress of using deadly force. A “second injury” can be created by insensitively and impersonally dealing with an officer who has been involved in a critical incident. Shootings are complex events, often involving officers, command staff, union representatives, internal affairs, peer support teams, district attorneys, investigators, county politicians, and media.

Studies and surveys suggested that departments that provide in-depth assistance and care to the officers and their families show a better rate of retention. The literature also shows that smaller departments compared to larger, may have limited funding and therefore may not be possible for these departments to offer assistance and help the officers need. Rebuilding confidence and self esteem gives officers and their families the strength needed to overcome these violent situations and provides the means to transition into self motivated, independent officers.
Chapter 3
Methodology

The methodology used to conduct this research will be a descriptive analysis. The descriptive analysis will focus on analyzing information gathered from several studies of varying types involving police shootings and department policies as they relate to officer involved shootings. I also included some of the surveys done by other scholars and researchers that pertain to officer-involved shootings. It is the intent of this research to develop suggestions to establish a revised guideline that will assist officers in post-shooting situations.

A survey of ten questions were sent out to 86 Metro officers that were involved in shooting situations from the period between 1991 and July 1998. Eighty six survey questionnaires were distributed via intra-department mailer. Some of the officers I know personally had no objection filling out the survey. They also included their names, even after I asked them to remain anonymous. I framed the questions to be geared toward emotional support from the department. Was it helpful and did the shooting incident(s) change the officers’ perception of their careers. The questionnaires were distributed to involved officers who are now in various assignments throughout the department. A total of 22 surveys were returned. On average, there were roughly 16-17 shooting incidents within Metro’s jurisdiction per year. These incidents accounted for the times officers actually
fired their weapons and missed hitting the intended subject, struck and injured or struck and killed the subject.

The results from the surveys were then analyzed and conclusions were drawn from the collected data. The research question focuses on understanding how shooting incidents affected officers' lives, career and their family. The methods are possible means to gathering data, collecting from Metro's homicide files since a formal record was kept in 1991. Structured and unstructured questions were posed to employees involved to determine their role and assessment of current services offered by The Las Vegas Metropolitan Police Department. SPSS was utilized to assist in data analysis.
Chapter 4
Emotional Responses To Surviving

4.1 What is the task of a police officer?

What is it, specifically, that police officers do? What tasks must they perform that cause such an intense intimacy in the interpersonal relationships between the police and the citizenry? How do they become involved in critical incidents that foment crisis states requiring emotional first aid from peers and/or counseling with those who work in police psychological services?

Menninger (1965) pointed out that police officers are expected to suppress the aggression, destructiveness, cruelty, and ruthlessness we all share, while demonstrating intelligence, understanding, kindness patience and self control. He observed, "...society demands of the police officer the talents of a superman to carry out his responsibilities adequately." A point of fact offered by Menninger (1966) is that the role of the law enforcement officer in many ways is among the most difficult in our society. Most citizens see police in public daily, yet, few have any but nebulous notions of just what tasks they are charged with carrying out.

A police officer must make prompt and effective decisions, sometimes in life and death situations, and be able to size up a situation
quickly and take appropriate action (Baehr, Furcorn and Froemel, 1968). In managing the impact of combat stress and trauma, several principles have been developed that facilitate a constructive return to duty and that minimize the long-term disabling impact of combat (Schultheis, 1982). They include:

**Brevity**-intervention should be short term, focused on supporting officers during the time of crisis and focused on returning them to the field at the earliest possible time.

**Immediacy**-intervention should be begun as soon after the trauma as possible so as to provide officers a way of understanding the experience in the most constructive way and before they solidify their thinking about the event in maladaptive and self-critical ways.

**Centrality**-intervention should be centralized to provide for the most efficient and effective use of time and resources. This is important in both the issue of *immediacy* and *proximity* because a centralized response team will provide more immediate responses, closer to the actual location.

**Expectancy**-intervention should convey to officers from the first interaction an expectation that the officer acted properly, can manage the situation and will be returning to duty soon.

**Proximity**-intervention should occur as close to the shooting as
possible to maximize the desensitization of officers to any possible trauma. In reviewing the crisis intervention research relevant to combat stress and trauma, Mangelsdorff (1984) has pointed out that these principles have applicability to traumas other than combat, including mass casualty management, sea disasters and terrorist operations. Consequently, the application of these principles to "post-shooting trauma" seems reasonable. The design of an effective and efficient post-shooting trauma program needs to consider these implications.

The principles of proximity and immediacy require that the professional establish contact with the officer involved in a shooting at the time of the incident. Being available as soon after the incident as possible provides the counselor an opportunity to view the scene and to review to events on the location. Information is gained which will allow for the building of desensitization hierarchies at a later time (Wolpe, 1958). In addition, the professional can make initial contact with the officer, giving the officer an opportunity to talk about the incident on location, a procedure that begins the desensitization process. The professional can begin the process of evaluating the emotional impact of the trauma, shortening the intervention process and supporting the principles of brevity. The principle of centrality is served by having the counseling system provide support in the community in which it occurred rather than referring the officer to a
A clinic or office in another part of town. A greater credibility can be achieved by the professional who is willing to “make the scene”, working the same difficult hours as the officers. Solomon (1984) suggested three phases through which officers pass in their adjustment to trauma: shock, impact and resolution. The shock phase lasts from 24 to 48 hours after the incident. While the impact of a shooting can last for years, it is generally felt within the first six weeks. Resolution of the shooting can take six months to two years. A professional support system would make an efficient use of manpower and would integrate the crisis intervention principles discussed above with an understanding of this sequential reaction.

A frequent stressor for officers involved in shootings is the internal investigation required by most departments (Eisenberg, 1974). The availability of the professional during the investigation integrates several principles of trauma intervention into the counseling program. The availability of the counselors during this time meets the requirements of *immediacy* and *proximity*. By briefing the officers, support can be provided during the stress of the investigation. The briefing of an officer during this period about the emotional impact of shootings on police, about the procedures of the investigation, about the emotional impact of delays in the investigation on officers and about the services available from the
professional can set the expectations of the officer about the interest of the professional in them. The officers' capacity to deal with the upcoming stress, in the normal nature of emotional reactions to traumatic situations, enable them to return to full duty in the shortest possible time. The principle of *brevity* is met because intervention at the stage is short term and expectations which will lead to less need for long term counseling than if the officers are allowed time to ruminate on questions they may have about the justification of this decision.

In the sequential analysis of the impact of “post-shooting trauma”, Solomon (1984) has suggested that the Shock Phase lasts from 24 to 48 hours after the incident. Follow-up by a professional two days after the incident provide officers another opportunity to discuss their feelings in a non-critical and non-threatening environment. It allows the professional time to evaluate the impact of the shooting on the officer and to make decisions about the need for formalized relaxation training, for the development of a desensitization program and for the need for restructuring the officers perception of the shooting. Again, the principle of immediacy is involved, because of the short time between the incident and the counseling session and because a forth-eight hour follow-up is likely to come at a time that is critical to the officer. The principle of *brevity* is involved because the intervention is limited to one hour. The principle of
proximity is involved because a desensitization hierarchy requires that the
officer place themselves back in the event of his imagination while
systematically relaxing.

Solomon (1984) has pointed out that the impact stage of “post-
shooting trauma” begins after approximately 48 hours and can last from six
to eight weeks. A one week to six week follow up, initiated by the officers
can allow them to express their feelings about departmental management of
their case and their concerns about the justness of the shooting. It will help
guide them to a more rational interpretation of events; to evaluate the
presents or absence of frequent emotional reactions and to reassure the
officers that the symptoms they experiencing are normal reactions. It
conforms to the principles of brevity, expectancy and simplicity because it
is time-limited, provides an alternate interpretation of events that reassure
the officers and provide a step by step method of teaching officers to
restructure their interpretation of the events. It demonstrates interest and
support but it reinforces the expectation for the officers that they can
manage the incident, allowing the officers the option of deciding for
themselves when or if intervention is necessary.

A six week follow-up allow the professional to evaluate the officers
progress in accepting the incident, his/her emotional reaction to the incident
and to his/her vulnerability. It provides the professional an opportunity to
evaluate the officer's comfort with the incident by giving the counselor the chance to return with the officer to the scene of the incident, to monitor non-verbal signs of anxiety and to coach the officer in systematic relaxation techniques at the scene. The principles of brevity and simplicity are applicable in that the intervention is limited to an hour and it involves the use of easily learned skills which the officer can use. Proximity is applicable because this stage requires the officer to return to the actual scene of the incident while practicing deep muscle relaxation techniques.

To follow up, an evaluation by a professional at six months provides the opportunity for the evaluation of the officers' progress in accepting and resolving the shooting experience. It provides protection against liability and it provides a quality control check. The total amount of time involved in the resolution of a traumatic situation will vary from case to case depending on the incident and the other support systems in the officers life (Stratton, 1983). However, this model utilizing the principles of crisis management developed in combat promises to reduce the amount of professional time necessary to support an officer after a traumatic incident.

The effective intervention of mental health professionals in combat stress and crisis management has amply demonstrated the utility of these principles in helping resolve the emotional impact of psychological trauma in a wide range of events (Mangelsdorff, 1984). It is incumbent upon
psychologists as the mental health professional most involved with police departments to utilize the lessons learned in similar situations to provide the best possible service to the people who do police work.

4.2 What is the image of a police officer?

The word most commonly used to describe the image of the police officer is “invincible”. Invincible has differing connotations to different people but brave, strong, indifferent give the general idea of how officers might perceive themselves. Physically, the greatest problem this “invincible” self-image can create for the police officer is what has been termed the “superman complex”. “Put a cop on the job for a number of years, give them some success, and then put the bulletproof vest on them, and the officers sometimes begin to think they cannot be hurt” (Bolz, 1979, p. 307).

The “invincible” image the officers can have of themselves frequently carries over to their emotional side as well. Whatever happens to the officers, they believe they can handle internally without it affecting their work performance, personal or family life. The officer experiencing emotional pressures will frequently continue to present the “invincible” image they have of themselves to everyone around them. However, when what is happening to the officer on and off the job cannot be dealt with up to the expectations of the officer, psychological stress takes place.
According to Bartol (1983. P. 67), psychological stress occurs “when a stimulus initiates a response which does not lead to greater perceived or actual control over the stimulus”. Police officers on the job see themselves in control, but when they begin to perceive themselves as no longer being in control to the degree they anticipate, then stress becomes more pronounced and officers can even become physically and emotionally incapacitated.

Stress is a topic that is of much interest to law enforcement agencies today because of the increasing recognition of the consequences of job related stress on the performance of police officers. Although the invincible image and denial of stress continue to exist, police officers are increasingly acknowledging that they experience stress. As a consequence of this recognition, stress recognition and management in-service programs have become common for officers and their families.

The “Rosenthal effect” has had a great deal to do with the police officer’s denial of stress. This effect describes how a person’s expectation of how another will behave sometimes influences the other’s actual behavior (Lanyon & Goodstein, 1982, p. 256). The invincible image police have of themselves, police solidarity and their high degree of alienation from the general public all make officers vulnerable to behaving as they see fellow officers expecting them to.

The highest level police job related stressor is what is currently
being termed post-shooting trauma. Police officer’s reactions to shootings tend to vary with their prior reputation and status; the circumstances under which the shooting took place; peer responses to the shooting; administration’s responses; and the responses of the media and community (FBI, 1984, p.2). Somodevilla (1984) stated “In order to be prepared one must assume that one will, at some future date, become involved in a shooting incident”.

Most police officers have a high moral code and a strong concept of right and wrong. The reaction varies when a police officer takes someone’s life. In some cases, the individual experiences incredible guilt, feels immobilized, believes that in some way they have attacked basic humanity. The other extreme is the individual who experiences absolutely no guilt and who frankly asks, “is it all right if I do not feel guilty?”

While the effects of a shooting are varied among police officers, interviews with officers who have experiences such incidents indicated a definite pattern of reaction. It is important that an officer understand that these reactions are normal and should not be considered as signs of weakness or emotional instability.

From both a treatment and prevention point of view the fact that officers will tend to seek emotional support and direction from other officers indicates that peer counseling approaches may be of particular use.
and importance in such case (Nielsen, Eskridge 1982). Additionally, it is common for the individual to experience recurring dreams and waking thought intrusions regarding the trauma. Stratton (1983) has concluded that a police officer’s reaction to the stress of a shooting depends on their personality.

4.3 Officers reaction to shooting incidents

I. Immediately After Shooting Incident:

Denial:

Initially, the officer does not believe the incident occurred. The officer, with gun in hand, stands over the body in disbelief. This reaction is the normal response of an individual having experienced an event which demands immediate decision making, with immediate results apparent. This could last a few minutes to several days. The individual has not consolidated the entire event in his thinking system, and there is momentary psychological shock. The activity has required the use of reflexive behavior rather than a step by step thinking process. This disbelief or denial subsides rather quickly as the officer becomes aware of a dead body in front of them or a wounded subject needing help. At this point, the officer must render first aid to the subject who a second ago was attempting to take the officer’s life. This brings tremendous stress to the officer. This is where the officers’ partner and supervisor at the scene play a key role.
Supervisors should attempt to remove the involved officer from the scene as soon as possible. This way the involved officers can isolate themselves from the shooting incidents and also give them the opportunity to "regroup."

**Facts gathering:**

Officers realize immediately that they need to present all the facts relating to the sequence of events and must justify the shooting. They are also beginning to prepare themselves for what they know will be an investigation by homicide, internal investigation and the administration. Officers are trained to think in very factual terms when reporting incidents. That is exactly what they are doing. Officers are examining their position to determine whether they had acted according to training. Officers are concerned with their professional position and are not willing to deal with their emotions. Officers now must present the facts to the investigators, hoping for support and vindications. If they receive this support, they become less defensive. Immediately following the shooting, it is typical for officers to be treated as a homicide suspect and the shooting to be investigated in that manner. There is an added stress for the involved officers when they are the only people in police uniform, surrounded by plainclothes investigators. There is no doubt in anyone's mind, who attempts to obtain the involved officers' identity, that the person standing in
a police uniform is most likely the officer who fired their weapon.

In most jurisdictions, police officers who use deadly force can expect unfavorable press coverage and stringent departmental investigation. This is frequently followed by community disdain and a use of force board or a coroner’s inquest investigation. These occurrences can lead to indictment or conviction. Even when exonerated in every respect, officers usually face a civil suit entered by the victim’s survivors. In reality, police rarely shoot in armed confrontations and when they do, they frequently miss. Police and anti-police factions are polarized by isolated incidents (Scharf & Binder, 1983). A police officer who kills someone may be charged with a felony, taken before a grand jury, indicted, found guilty and sent to prison.

Even when officers are exculpated after a department investigation and a grand jury hearing or trial, they may still face civil action as defendants in a wrongful death tort. State civil courts may define officer’s privileges differently than criminal courts. Officers’ privilege is more restrictively defined in most state courts and requires that officers believe that the victim or target committed a felony and prove that arrest could clearly not have been effected without the use of a firearm (Fyfe, 1982).

Up to this point, the officer is acting according to their training. Fact gathering and reporting incidents are daily tasks for police officers. The
stages they enter next are beyond their training and are frequently psychologically threatening. It is at this point that officers are in need of assistance.

II. A Few Days After The Shooting:

*Physical anxiousness:*

The officer is experiencing a high amount of stress even if they have been reassured that everything is all right. Their bodies continue to respond with high activity. They are experiencing a fight/flight response. Having fought to save their lives through shooting another person, they are now beginning to experience a flight type response. They would like to get away from the situation and find some way to “shut down” and find relief. They find themselves unable to relax and wonder whether there is something physically wrong with them. The physically anxious feelings cause the inability to sleep. Officers may go without sleep for days and becoming involved in a variety of activities only to “crash” after several days of frantic activity. Flashbacks of the incident, development of emotions which affect job performance, thoughts of suicide, frequent pacing, and the inability to sit still are quite normal. These stress reactions may surface within a few days or it may continue for years.
Support System:

Peer support system:

A significant phenomenon is that many officers want to speak to and be with their fellow officers, seeking reassurance, within the first 2 days. The Las Vegas Metropolitan Police Department places the involved officer on administrative leave pending the outcome of the investigation and the coroner’s inquest. Yet, officers insist on going back to work so that they can be with their peers. Typically, the officers receive some support from their peers immediately after the shooting. The officers both want to share with their friends and neighbors the experiences, and on occasion do, but find the inquiring questions to be intrusive and more voyeuristic than concerned. Their remarks are not generally interpreted as supportive and often add to the officers’ feeling of guilt concerning the shooting.

After two to three days, things start to slow down. This is when the officer is scheduled to meet with a psychologist. Officers may start questioning their values. This questioning is quite normal and very important. The reassurance and support officers receive from the psychologist enable them to see their behavior in rational terms, giving them a great deal of relief. Officers find that their response to the events of the past few days have been normal, typical, and usually quite healthy. If the officer has not received some support in the stress management, officers
begin to believe that there is something drastically wrong with them.
Without this counseling, the situation may get out of hand, and as some
officers who have not had post-traumatic shooting incident counseling have
expressed, they have died a "thousand deaths" since the shooting. (Lippert
and Ferrara, FBI Law Enforcement Bulletin).

The ability to form and sustain relationships with others has
implications not only for psychotherapy but for the usefulness of peer
support. It is also relevant to assess the degree to which officers use their
natural social support system. An officer who is socially isolated may have
little to rely upon, while an officer who has a healthy support system may
fail to use it because of depression, lethargy or social irritability. It seems
generally preferable to use these natural coping systems before, or at least
in conjunction with, any psychological interventions. The degree to which
officers engage with their peers and benefit from this emotional support
may preclude the need for further intervention. In the most favorable of
situations the officer may well experience marked symptoms during the
impact phase but avail himself of opportunities to intellectually master the
experience through their contact with friends, family, and peers. Peer
support without professional intervention is probably most appropriate and
useful.
Family:

The officer also finds that they are unable to speak to their spouse or family. They may be supportive of them; yet for the officers, they do not form the solid framework of peer group relationships. They are not policemen, and the officer assumes they cannot understand. The officer thus rapidly excludes important persons, bringing about his own isolation, and quite possibly, ultimate immobilization. There is hesitation by the officers, who do not really want to involve their spouses. The fact is their spouses are already involved. More than any other profession, the spouse lives vicariously through police work. Counseling should also be offered to the officers’ spouses to enable them to better understand the ordeal the officers will face and to allow the spouses to work through their feelings concerning the shooting.

For the Las Vegas Metropolitan Police Department, spousal support is not automatic for officers who survive a deadly force confrontation. By that I mean, only when the officers bring up the subject through casual conversation with PEAP, counselors or psychologists, will the issue then be address. Otherwise, the general questioning will be “Is there anything you would like us to do, any person you need to contact?”
Chapter 5
Findings of Survey

5.1 The Las Vegas Metropolitan Police Department Findings.

What are the chances of a Metro police officer being in a shooting?

One may have heard the statement that most officers will go through their entire career and never fire their weapon in the line of duty at someone. What if officers were told that their chance of winning Megabucks was 1 in 91? One would think those were great odds and probably go right out and play the slots. For Las Vegas Metropolitan Police Department officers over the past eight years, 1991-1998, the odds of being in a shooting were 1 in 91 (1540 officers, 17 shootings per year). Whether officers think those odds are good or bad, being in an officer involved shooting is a fact of life for between 14 to 26 officers on Metro each year.

Over the past eight years, Metro has had 121 officers fire their weapons in deadly force situations. This is an average of 17 officers per year since 1991 (the number of incidents have not changed, but the department has grown in size and personnel). According to the office of Management and Budget as of September 08, 1998, Metro currently employs 1,540 police officers. This averages out to one officer in every 91 having fired their weapon in a deadly force situation each year for the past
8 years.

The result of the formal survey based on the survey respondents of the officer-involved shootings with The Las Vegas Metropolitan Police Department over the past eight years, from 1991-1998, indicate that in almost all incidents where officers have fired their weapon, there is only one suspect as a target. However, in 32% of the incidents from the survey there was more than one suspect present when the incident started. The other suspects either complied, ran off, or were not involved in the threatening action.

Information obtained from Homicide files found that when officers were involved in potentially dangerous situations, the first thing the officers want is backup. There is no way to determine how many dangerous situations were prevented with the timely arrival of a backup. It is therefore interesting to see if a second officer’s presence would make a difference to the suspects involved in the shootings? In 38 incidents (63%), there was more than one officer present at the time of the shooting. In these 38 incidents there were a total of at least 105 officers present at the time of the shootings. In 19 incidents, more than one officer fired upon the suspect. It appeared that the presence of more than one officer at the shooting incidents did not deter the suspects from what they were doing.

Survey questions asked if officers have a new perspective of their
career after the shooting incident and if the incident was a career altering
event? Over 65% of the respondents said that the incident did not change
or somewhat changed their perspective of their career? However, many
officers said that it was a "kill or be killed" situation and how the situation
can turn from bad to worse in just a blink of an eye. Officers also said that
once the situation turned bad, they reverted back to the training that they
have learned throughout their career. Officers were realizing that their lives
are more valuable than they thought. They were also able to see their
strengths and weaknesses that they had prior to the shooting. This gave
them the opportunity to improve upon their survival skills and relate to
those involved in the similar situations.

The most significant statistic was that 95% of the respondents
indicated that the support system offered to them and their family by the
police department was very helpful. One officer described "one big family
coming together." The support that officers received was not only from
department mandated policies but also from the rank and file of the
department members, from patrol officers to the sheriff. Officers indicated
that they did not feel alone and that other department members cared about
what happened. Officers also indicated that they suffered from anxiety and
excitement of re-living the shooting incident over and over again during the
first week. The anxiety faded with time however, every time they heard
that other officers involved in a shooting, they started to re-live their own shooting incident.

When asked if media coverage of the shooting incident affected the officers emotionally, 75% of the respondents said no. Officers indicated that the media only want to sensationalize the shooting event. Sometimes media portray the officers as "the bad guy". Officers understood that the media's primary concern is not the officers or suspects, their primary concern is to fill in air time and make a profit while doing it. Officers sometimes felt frustrated that the media always "Monday morning quarterbacks" the shooting incident. The media also spent more time interviewing the suspects' family and broadcasting the family's version of what happened, usually a faulty story, even though no one that the media interviewed was present at the shooting scene. Many officers felt that the media speculation about the incident, creates an unfair public opinion of the officers even after the coroner's inquest found that the shooting was justified.

5.2 National survey.

A study by E. Nielsen in 1981 surveyed officers from several departments and queried them about the events they experienced both during and after the shooting. An inquiry about the frequency of perceptual distortion during the actual confrontation found that only 24% of the
respondents did not experience a distortion. The most frequently experienced distortion was a perception that the shootings were occurring in slow motion 64%, followed in frequency by tunnel vision 43%, and auditory blocking 27%. The respondents were also surveyed about the degree to which they experienced physical and emotional symptoms during the one week period following the shooting. Nausea was the most common of a number of physiological symptoms, 92%. Only 8% of the sample denied any physiological symptoms. Thought intrusions 59%, depression 52%, and anxiety 21% were the most typical psychological symptoms. Only 11% of the subjects denied any psychological symptoms. A query about attitude changes experienced during the three month period following the shooting revealed that 50% of the officers perceived themselves as being more cautious and nearly a quarter of them experienced an increased sense of apathy. Following the incident, 41% of the respondents found that their fellow officers were helpful but that 19% of their peers aggravated their distress. Taking these results as a whole, it appears that taking a life in the line of duty is stressful both during the shooting and for some time afterward.

An impact phase is frequently found in the stressful event of a police shooting. In such situations the officer may remain involved in recounting the details of the shooting to a number of investigators and boards, be
placed on administrative leave for a period of days, and even be subjected
to repetitive intrusions into their private lives by news media and/or
attorneys. The impact phase may easily be extended for a period of a week
or longer. A study of shooting reactions revealed that 24% of the officers
reported automatic responses during the impact phase (Nielsen, 1980).

Such statements as "I was not even thinking about it....I just kept
doing things", and, "I was aware of what was happening but it was so
automatic it was like it was not me", are illustrations of this symptom.

Narrowing of attention typically is manifested through distortions in
perception which were reported by 76% of the officers in the Nielsen study.
While these symptoms could be expected as a "normal" response to a
sudden and overwhelmingly stressful event, they may persist in some form
after the impact has subsided. This occurs most frequently when
subsequent stresses complicate and further tax the individual’s coping
resources, i.e., subsequent criminal or civil action initiated against the
shooting officer and particularly in an officer who may have specific ego
vulnerabilities or generalized ego weakness.

The post-shooting study data indicate that the officer’s focus of
attention after the shooting incident, after returning to duty, was on the
reactions of his peers, supervisors, wife, family, press, and non-police
friends. It is interesting to note that while 85% indicated that they talked
about the incident and their reactions primarily with officers, 41% also indicated that other officers were their primary source of aggravation (Nielson, 1981).

There are definite differences between national survey data and the survey conducted within the Las Vegas Metropolitan Police Department. One is that Neilson’s survey was conducted in 1981, whereas my survey was done with officers from 1991-1998. My survey was confined to The Las Vegas Metropolitan Police Department, which is the 19th largest police department within the United States. Neilson’s survey was nationwide and it is unknown if it was limited to large police departments or a combination of large and small departments. If Neilson’s survey included smaller departments, its data could be distorted, because as mentioned in the earlier chapter, smaller police departments may lack resources to establish a proper support system like larger police departments can.

It is also interesting to note that many of the officers surveyed within the Las Vegas Metropolitan Police Department stated that even though the department has a mandatory policy for officers involved in shooting incidents to seek psychological evaluation from trained professionals, the most helpful support they received was not from the professionals but from their peers, the officers they work with every day and from those who have experienced prior shooting incidents.
For The Las Vegas Metropolitan Police Department, all of the officers that were involved in shooting incidents since 1991, the period where formal records were kept for officer-involved shootings, still remain with the department, not one has quit. Is the rate of retention for officer-involved shooting attributed to the fact that Metro has a good support system or is it a part of the job that officers come to accept when they pinned on their badge and swore to uphold the law. Further research should be conducted before any concrete evidence is presented due to the small number of my survey respondents.
Chapter 6
Conclusion

The identification of post traumatic stress disorder in the context of the police use of deadly force has made a major contribution to law enforcement. The awareness of this phenomenon has fostered an appreciation of the needs of an officer involved in a shooting situation as evidenced by changes in administrative policy and the greater availability of psychological services.

Police officers, perhaps more than persons in other occupations, are at risk to experience psychological traumas. When a critical incident such as a shooting occurs in the life of a police officer, an occupation already characterized by a high level of stress, then immediate intervention is recommended. As soon after the traumatic event as possible, it is advisable to provide some kind of psychological education and intervention. Findings indicate that the more support an officer receives from supervisors and the administration, the more the impact of emotional trauma is reduced by the officer subsequent to the shooting incident. However, fellow officer support is most valuable in terms of long term recovery. Because each officer reacts differently, it is just as important not to over-support as it is not to under-support. Each officer and situation has to be dealt with on a case by case basis.
Further, it is important to make family counseling available, as what affects one member of the family affects the entire family. I believe that it is important to involve marital partners and family members in the treatment program whenever possible. The legal and administrative aftermath can compound the stress of the shooting itself and increase alienation and problems with rules, regulations, and authority. Carrying out a post-shooting policy that takes into account the needs of the officer as a human being can go a long way toward reducing trauma.

Although the materials available in this area shed light on the complications of officer involved shootings, far more research is needed. Individual responses to a shooting incident, both short term and long term should be analyzed as well as management's response. Officers can be seriously affected in the long run and these effects can impact their job performance, leaving management and the department open to future liability. In order to prevent the increased risk of liability and assure the best possible service to the officers, more research needs to be done and sound policies need to be based on that research.

The most effective way to get an officer into a counseling, stress management session after such an incident is to establish a policy making such counseling mandatory. By making it mandatory, the decision making responsibility is immediately taken from the officer, who is in the midst of
stress already. Although there may be momentary resistance toward such an order, it is up to the psychologist to bring relief to the police officers. At times other officers who experience the same trauma may be able to verbalize or communicate something they felt but not quite able to say. By comparing feelings with those of others, officers can determine that they were not “crazy” and that others felt as they did. Reassurance from peers and colleagues particularly in law enforcement carries much more weight than a stamp of approval from the administration. The result is usually the appreciation of the officers for having had such a counseling session. Police departments that can afford psychological services will find ample return in police stability and avoidance of unnecessary anxiety or self recrimination. There is also an increased sense of morale; the officer believes that he is important to the department. Data gathered indicate that the larger the police department, and the more financial resources available for post-shooting assistance programs, the less likely officers were to quit the department after a critical incident such as an officer involved shooting.

These guidelines can help officers involved in shootings remain in good health, involved with their families and effective in their work.

1. At the scene, the department should show concern. Give physical and emotional first aid. Get the officer away from the body and suspect(s). Shielding the officer from media attention is essential. The officer involved
needs to know that there is no obligation to respond to the news media. Any response is purely voluntary. The officer can benefit from being with a supportive friend or peer who has been through a similar experience.

2. Explain to the officer what will happen administratively during the next few hours, the process of investigation, media interaction, use of force board and the coroner inquest. Some officers felt awkward or embarrassed, and some even felt judged as guilty when their weapons were seized at the scene for ballistics. When the firearm is taken as evidence, replace it immediately. Officers, especially when in uniform, may feel extremely vulnerable if they are left unarmed. Immediate replacement of a firearm also communicates support for the officer, rather than miscommunicating that an administrative action is being taken.

3. Allow recovery time before detailed interviewing begins. Officers who have been afforded this opportunity to calm down are likely to provide a more coherent and accurate statement. Providing a secure setting, insulated from the press and curious officers, is desirable during the interview process. The first concern of the officers involved, without exception, is their families. In the midst of accelerated investigative activity, a simple but vital courtesy is often overlooked. The involved officer needs to at least telephone his/her family that he/she is safe. Even officers who have been wounded stated that if they are at all conscious they
want to be the ones who call their families. Opportunities for family counseling (spouse, children and significant others) should be made available.

4. There is currently no set pattern, but there is a need of the involved officer for official reassurance. All the participants felt that they did the right thing, the only thing to do and, that they were forced to exercise an undesirable but necessary option. Personal concern and support for the officer involved in the shooting, communicated face to face from high ranking administrators, goes a long way toward alleviating future emotional problems. For the Las Vegas Metropolitan Police Department, the Sheriff usually responds to the scene of the shooting to lend concern and support for the officer during this stressful experience.

5. The officer is placed on administrative leave to deal with the emotional impact. This avoids placing the officer in potential legal and emotional double binds from being involved in another critical incident before the first one has been resolved, or being further involved with suspects or witnesses while working.

An administrator should tell the rest of the department what happened so the officer does not get bombarded with questions and so that rumors are held in check. Expedite the completion of administrative and criminal investigations and advise the officer of the outcomes. Lengthy
investigations can stimulate a secondary injury. The officer should not be allowed to return to full duty before the officer indicates readiness.

Following these guidelines for post-shooting incidents will not eliminate stress. However, its impact can be made easier to deal with and not as destructive as it can be if allowed to take over the lives of the officers. This paper also demonstrates that psychological intervention, no matter how small, will assist officers in coping with their emotional trauma after shooting incidents. Needless to say, the number of respondents was very small; 22 of 86 questionnaires were returned. The result may not be statistically significant and that additional research is needed.
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APPENDIX I

Hello!! My name is Pat Charoen, I am a sergeant at NEAC. I am doing research and writing my Masters Thesis on officer involved shooting-post reaction experience. Homicide provided me with a list of officers’ name, would you please take a few minutes to fill out a questionnaire reference your past shooting experience. Whatever you say will strictly be confidential and your response or name will not be mention anywhere in my paper. Your cooperation is greatly appreciated. THANKS AGAIN in advance.

Here are the questions:

*the scale is as follow: 1 = not at all  2= somewhat  3=substantially  4 = very much*

1. Was the shooting incident a career altering event? Please circle one
   
   1  2  3  4

   In what way did/did not change?

2. Do you now have a new perspective of your career after the shooting?
   
   1  2  3  4

   In what way?

3. How many time were you involved in a shooting? (Go to question 4 if your answer is 1)

   Do you feel that the first shooting had any effect on your subsequent shooting?
   
   1  2  3  4

   In what way that it did or did not?

4. Was support available from the department?
   
   Yes  No

   If so, does the support helpful?
   
   1  2  3  4

   What kind of support was the most helpful?

   Why was it most helpful?
5. Do/did you have reoccurrence thoughts of the shooting?
   1  2  3  4
   when did it end, and how?

6. Did the media coverage affected you emotionally?
   1  2  3  4
   How?

7. Did the shooting affect your family members?
   1  2  3  4
   How and why?

8. Do you feel that society is more violent toward police officers today?
   1  2  3  4
   Why/why not?

9. Do you feel that your past experience will make you more cautious??
   1  2  3  4
   How and why/why not?

10. Were you alone when the shooting occur?